

## Travel Insurance Claim Form - Cancellation/Rental Excess

**Important Notice:**

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 3 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 4 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency \_\_\_\_\_ Policy / Certificate No \_\_\_\_\_

Claim documents submitted by  Self  IntermediaryHave you notified us of this claim earlier?  No  Yes by email / fax / telephone call to \_\_\_\_\_

Please state any reference number assigned to you earlier: Claim no / Temporary ref no \_\_\_\_\_

**A. GENERAL SECTION – Please complete this section****1. Insured/Claimant's Particulars**

a. Name: Dr/Mr/Mrs/Ms \_\_\_\_\_

b. Address \_\_\_\_\_

c. NRIC / Passport Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

**d. Contact Details**

(Res) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Email address \_\_\_\_\_

**2. Circumstances of Claim**

a. Period of travel for this trip \_\_\_\_\_ to \_\_\_\_\_ Date of return \_\_\_\_\_

b. Date / Time of Accident/Illness

Date: \_\_\_\_\_ Time: \_\_\_\_\_

c. Please state exactly what happened (if insufficient space, please attach statement)

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**3. Claim History / Other Insurances**

a. Have you or any Insured person ever previously sustained a loss of this nature or made any previous claim in respect of Travel Insurance? If so, please state details.

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b. Is there any other insurance in force covering this loss?  Yes  No

If so, please state Insurance Company and Policy Number.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PLEASE COMPLETE ONLY THE SECTIONS WHICH ARE RELEVANT TO YOUR CLAIM**

**B. TRIP CANCELLATION AND CURTAILMENT**

Please attach as applicable:

- 1) Medical Report    2) Certified Original Death Certificate/Letter of Administration    3) Bills
- 4) Letter from Attending Doctor    5) Letter from Airline    6) Letter from Travel Agency Regarding Refunds

1a. If caused by illness, has the insured person suffered from this before? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1b. Amount paid \_\_\_\_\_ Amount recovered \_\_\_\_\_

Amount claimed \_\_\_\_\_

**C. RENTAL VEHICLE EXCESS**

Please attach as applicable:

- 1) Police Report    2) Rental Agreement/Letter/Receipt from Rental Company    3) Bills showing amount paid

1a. Amount claimed \_\_\_\_\_

**D. LOSS OF HOTEL FACILITIES**

Please attach as applicable:

- 1) Letter from Hotel    2) Bills

1a. Number of days of loss of hotel facilities \_\_\_\_\_

1b. Amount claimed \_\_\_\_\_

**E. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)**

Please confirm payee name if claim is payable \_\_\_\_\_

**Note:** If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

**Declaration**

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
NRIC Number